

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		1				
8		1				
9		1				
10		1				
11		1				
12		2				
13		2				
14		2				
15		2				
16		1				
17	1					
18		1				
19		2				
20		2				
21		3				
22		3				
23		3				
24		3				
25		3				
26		3				
27	1					
28		1				
29		1				
30		2				
31		1				
32		1				
33		1				
34	1					
35		1				
36		1				
37		2				
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.		11				
TOTAL CLAIMS		15				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						